

REMARKS

Claims 1, 5, 8 and 15-18 as attached have been amended to more clearly define the invention.

The claims have been amended to more clearly define that the claimed system comprises a system for actively assigning tasks to work schedules to be performed by specific healthcare workers and medical devices and is NOT a treatment plan creation and manipulation system. Such treatment plan systems are not concerned with and do NOT manage, allocation of tasks to specific healthcare workers and medical devices. Treatment plan systems address the different problem of creating a treatment plan for a *patient* addressing the particular patient's requirements and monitoring progress of the patient against the plan and are not concerned with which particular workers or devices perform specific tasks. Treatment plans are concerned with the *patient* NOT *worker or devices performing tasks*. Support for the amendments is found in the existing claims and in the Application description in connection with Figure 6 and other places.

I. Objection to Abstract.

The Abstract is objected to because it exceeds 150 words in length. The Abstract is amended to reduce its length below 150 words. Consequently this objection is no longer deemed to apply.

II. Rejection under 35 U.S.C. 102(b)

Claims 1-19 are rejected under 35 U.S.C. 102(b) as being anticipated by U.S. Patent 5,826,237 – Macrae et al. These claims, as amended, are deemed to be patentable for the reasons given below.

Amended claim 1 recites a method for “assigning an identifier to at least one of a plurality of displayable task schedules associated with a corresponding plurality of different entities, the identifier representing a task to be performed by an entity, comprising” a) “initiating display of at least one interface menu supporting user entry of decision information for assigning a task representative identifier to a task schedule associated with a particular entity” b) “receiving decision information entered via the at least one interface menu” and c) “applying the received decision information in assigning the task representative identifier to the task schedule

associated with the particular entity in response to a predetermined event". These features are not shown (or suggested) in Macrae.

The system of claim 1 assigns an "identifier representing a task to be performed by an entity" by "receiving decision information entered via the at least one interface menu" and "applying the received decision information in assigning the task representative identifier to the task schedule associated with the particular entity in response to a predetermined event". The system advantageously enables user customizable, automatic, event driven, healthcare worker (and medical device) task scheduling. For example, assume, "Dr. Jones is the Radiologist who protocols all spiral CT exams. When a spinal CT is ordered, that exam will be added to Dr. Jones' protocol work list 1, and at the same time, can be added to a CT technologist work list 1 of exams to be performed on the day for which it was ordered. When Dr. Jones protocols the exam, it would be removed from his work list 1. When the exam is tracked to the Begin Procedure step, it can be removed from the technologist work list 1" (Application page 12 lines 10-15). This automatic task scheduling significantly improves hospital personnel and resource allocation, planning and operation.

In contrast, the system of Macrae aims to "provide an apparatus and method for providing a medical healthcare plan which will 1) reduce errors associated with communications between healthcare planners and providers; 2) allow for convenient modification of medical health treatment plans; 3) provide costs associated with each step in the medical health treatment plan, as well as the total cost of the medical health treatment plan; 4) reconcile two or more healthcare plans; and 5) copy and transfer medical treatment plans to various medical healthcare providers" (Macrae column 2 lines 22-31). Therefore, Macrae is concerned with the **fundamentally different** function of treatment plan creation, manipulation communication, processing and assignment to *a patient* NOT a healthcare worker. A treatment plans is assigned to a *patient or client and specifies treatment to be given to a patient* and subsequent treatment results and progress and does NOT identify specific entities that *perform tasks*. Macrae creates a treatment plan from generic template plans "assigned to a general patient or client" (Macrae column 5 lines 29-32).

Macrae does not show or suggest "assigning an identifier to at least one of a plurality of displayable task schedules associated with a corresponding plurality of different entities, the identifier representing a task to be performed by an entity". Macrae does NOT mention assigning a task to be performed by a worker, medical device or other entity at all. Further, Macrae does NOT show or suggest "applying" received "decision information in assigning the task representative

identifier to the task schedule associated with the particular entity in response to a predetermined event”. Macrae is not concerned with *task assignment*.

In the Macrae system a treatment plan is created from templates and “template creation involves the following activities: (1) placing Order, Results, and Flow Control nodes in their proper sequence; (2) filling in the orders (i.e., treatment procedures, medicine, and advice); (3) placing an Exit node at the end of the template; (4) deciding on the circumstances and order in which each template step is executed during treatment; and (5) saving the template” (Macrae column 7 lines 56-62). Therefore, a Macrae treatment plan includes “order” nodes that “contain generalized orders placed during the course of a treatment. The Order node defines a list of generalized orders or healthcare treatment related activities “order items” that are carried out at a given step in the template” Also “each order is described using attributes that include category, subcategory, name, description, cost, and duration” (Macrae column 7 lines 29-37). Consequently, an “order” as used in a Macrae system treatment plan includes “attributes that include category, subcategory, name, description, cost, and duration”. The Macrae system does NOT show or suggest use of an attribute comprising an “identifier representing a task to be performed by an entity” and Macrae fails to include any enabling disclosure of assigning a task associated with an order to be performed by a specific entity. Further Macrae does NOT show or suggest “assigning” such an “identifier” to “at least one of a plurality of displayable task schedules associated with a corresponding plurality of different entities”. Macrae also does NOT show or suggest “applying” received “decision information in assigning the task representative identifier to the task schedule associated with the particular entity in response to a predetermined event”.

In addition, Macrae addresses the problem of “providing a medical healthcare plan which will 1) reduce errors associated with communications between healthcare planners and providers; 2) allow for convenient modification of medical health treatment plans; 3) provide costs associated with each step in the medical health treatment plan, as well as the total cost of the medical health treatment plan; 4) reconcile two or more healthcare plans; and 5) copy and transfer medical treatment plans to various medical healthcare providers” (Macrae column 2 lines 22-31).” In contrast, the Application addresses the problem of providing “one or more work lists to each user or entity when a user logs in to a scheduling or workflow system where the schedule may be tailored to a user, a group or category of users, or an entire entity” (Application page 1 line 27 to page 2 line 2). The Application also addresses the problem of providing an “updated task schedule” in “response to applying received decision information in assigning the task representative identifier to the task schedule associated with the particular entity, such as in response to occurrence

of a triggering event” (Application page 12 lines 21-24). Macrae fails to recognize these task schedule processing problems addressed by the application, fails to contemplate task assignment at all and provides no other motivation or other reason for incorporating the claimed features. Consequently, withdrawal of the rejection of amended claim 1 under 35 USC 102(b) is respectfully requested.

Dependent claim 2 is considered to be patentable based on its dependence on claim 1. Claim 2 is also considered to be patentable because Macrae does not show (or suggest) a system in which “the step of initiating display of the at least one interface menu includes initiating display of menu elements prompting a user to identify at least one of (a) the predetermined event triggering application of the decision information in assigning the task representative identifier to the task schedule, (b) a source of the decision information, (c) decision information comprising a procedure for processing data associated with a task to determine a task schedule for listing the task representative identifier”. As previously explained Macrae does not mention or contemplate “assigning” an “identifier” to “at least one of a plurality of displayable **task schedules** associated with a corresponding plurality of different entities” in combination with initiating “display of menu elements prompting a user to identify” data associated with “decision information” used in “assigning the task representative identifier to the task schedule associated with the particular entity in response to a predetermined event”.

Dependent claim 3 is considered to be patentable based on its dependence on claim 1. Claim 3 is also considered to be patentable because Macrae does not show (or suggest) a system in which the “the decision information comprises a **logical procedure** for processing data associated with a **task** to identify a task schedule for incorporating the task representative identifier”. As previously explained Macrae does not even mention or contemplate a “processing data associated with a task to identify a **task schedule**”.

Dependent claim 4 is considered to be patentable based on its dependence on claim 3. Claim 4 is also considered to be patentable because Macrae does not show (or suggest) a system in which the “the data associated with a **task** comprises at least one of (a) a medical procedure identifier for a scheduled procedure, (b) a time and date of performance of a medical procedure, (c) patient medical record information, (d) location of performance of a medical procedure, (e) patient type identifier and (f) patient physical characteristics”.

Amended dependent claim 5 is considered to be patentable based on its dependence on claim 1. Claim 5 is also considered to be patentable because Macrae does not contemplate “assigning” a **task representative identifier** to “at least one of a plurality of displayable task schedules associated with a corresponding plurality of different **entities**” comprising “at least one of (a) a user, (b) a category of users, (c) one or more users currently designated to perform a healthcare worker role and (d) a medical device or system”.

Dependent claim 6 is considered to be patentable based on its dependence on claim 1. Claim 6 is also considered to be patentable because Macrae does not show (or suggest) a system in which the “the decision information identifies the predetermined **event** and...the predetermined event corresponds to at least one of (a) patient admission, (b) beginning of a medical procedure, (c) end of a medical procedure and (d) a user defined event based on information acquired”.

Dependent claim 7 is considered to be patentable based on its dependence on claim 1. Claim 7 is also considered to be patentable because Macrae does not show (or suggest) the features of claim 1 in combination with “applying the received decision information in **prioritizing** a plurality of **task representative identifiers** of a **task schedule** associated with a particular entity in response to occurrence of a triggering **event**”.

Amended Independent claim 8 is considered to be patentable for reasons given in connection with claims 1-7 and for additional reasons. Claim 8 is also considered to be patentable because Macrae does not show (or suggest) “initiating display of at least one interface menu supporting user entry of decision information for assigning a task representative identifier to a task schedule associated with a particular entity and accessible by the particular entity, the decision information including: a procedure for processing data associated with a task to identify a task schedule for incorporating the task representative identifier, and an event for triggering application of the procedure in allocating the task representative identifier to the identified task schedule”.

As previously explained Macrae is not concerned with and does not contemplate “assigning a **task representative identifier** to a **task schedule** associated with a particular entity and accessible by the particular entity”. Macrae does NOT discuss task assignment at all. Macrae also does show or suggest “initiating display of at least one interface menu supporting user entry of **decision information** for assigning a **task representative identifier** to a **task schedule** associated with a

particular entity and accessible by the particular entity". This capability allows a user to efficiently schedule personnel and devices to deliver healthcare to a patient based on occurrence of events. For example, a "radiologist may use the system of the present inventions to create an entry on an appropriate entity's "to be scheduled" worklist, including the radiologist's own worklist, such as by using a menu option. The menu option may allow the radiologist to mark an examination entry to show that the more detailed follow-up examination is needed. However, the system may also programmatically schedule such an event if a certain code is entered by or for the radiologist upon completion of the analysis of the results, i.e. the results code could act as a triggering event to schedule the more detailed ultrasound" (Application page 11 lines 5-15).

The "decision information" includes a "procedure" and a "logical procedure may condition allocation of the task to a task schedule associated with a particular entity upon one or more occurrences of a phenomenon which may or may not be coincident. For example, it may be desirable to programmatically condition assigning a subsequent task to a user or entity based on what also has or is happening as indicated by a response entered into the same or another worksheet 1" (Application page 10 line 22 to page 11 line 2). Macrae does NOT show or suggest use of "decision information" including: "a procedure for processing data associated with a **task** to identify a **task schedule** for incorporating the task representative identifier, and an **event** for **triggering** application of the **procedure** in allocating the task representative identifier to the identified **task schedule**" associated with a "particular entity" and accessible by the "particular entity".

Dependent claim 9 is considered to be patentable based on its dependence on claim 8. Claim 9 is also considered to be patentable because Macrae does not show (or suggest) a system including the combination of features of claim 9 in which the "the data associated with a **task** comprises at least one of (a) a medical procedure identifier for a scheduled procedure, (b) a time and date of performance of a medical procedure, (c) patient medical record information, (d) location of performance of a medical procedure, (e) patient type identifier and (f) patient physical characteristics".

Dependent claim 10 is considered to be patentable based on its dependence on claim 8. Claim 10 is also considered to be patentable because Macrae does not show (or suggest) a system including the combination of features of claim 10 in which the "the **triggering event** corresponds to at least one of (a) patient admission, (b) beginning of a medical procedure, (c) end of a medical procedure and

(d) a user defined event based on acquired information”.

Dependent claim 11 is considered to be patentable based on its dependence on claim 8. Claim 11 is also considered to be patentable because Macrae does not show (or suggest) a system including the combination of features of claim 11 including “acquiring the data associated with a **task**”.

Dependent claim 12 is considered to be patentable based on its dependence on claim 8. Claim 12 is also considered to be patentable because Macrae does not show (or suggest) a system including the combination of features of claim 12 in which the “the procedure conditions allocation of the **task** to the **task schedule** associated with the particular entity upon **coincidence** of a **plurality of occurrences**, and...further including acquiring data to **identify the coincidence** of the plurality of occurrences”.

Dependent claim 13 is considered to be patentable based on its dependence on claim 8. Claim 13 is also considered to be patentable because Macrae does not show (or suggest) a system including the combination of features of claim 13 in which the “the triggering event is **conditioned** upon coincidence of a plurality of **occurrences**, and...further including acquiring data to identify the **coincidence** of the plurality of circumstances”.

Dependent claim 14 is considered to be patentable based on its dependence on claim 8. Claim 14 is also considered to be patentable because Macrae does not show (or suggest) a system including the combination of features of claim 14 involving “applying the received decision information in **removing a task representative identifier** from the **task schedule** associated with the particular entity in response to occurrence of a **triggering event**”.

Amended Independent claim 15 is considered to be patentable for reasons given in connection with claims 1-14 and for additional reasons. Claim 15 is also considered to be patentable because Macrae does not show (or suggest) “a method for providing a user interface for assigning” a task representative identifier “to at least one of a plurality of displayable task schedules associated with a corresponding plurality of different entities” and “in response to a user command, initiating display of at least one interface menu supporting user entry of decision information for assigning a task representative identifier to a task schedule associated with a particular entity; and initiating display of an updated task schedule associated

with the particular entity, the updated task schedule being generated in response to applying received decision information in assigning the task representative identifier to the task schedule associated with the particular entity in response to occurrence of a predetermined event”.

As previously explained Macrae is not concerned with and does not contemplate “assigning a **task** representative identifier to a **task schedule** associated with a particular entity and accessible by the particular entity”. Macrae does NOT discuss task assignment at all. Macrae also does show or suggest “initiating display of at least one interface menu supporting user entry of **decision information** for assigning a **task** representative **identifier** to a **task schedule** associated with a **particular** entity”.

Amended Independent claim 16 is considered to be patentable for reasons given in connection with claims 1-15 and for additional reasons.

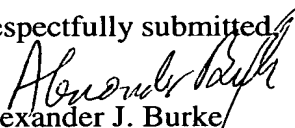
Amended Independent claim 17 is considered to be patentable for reasons given in connection with claims 1-15 and for additional reasons.

Amended Independent claim 18 is a system claim mirroring method claim 1 and is considered to be patentable for same reasons as claim 1.

Dependent claim 19 embodies the steps of claim 1 and is considered to be patentable for the same reasons as claim 1.

In view of the above amendments and remarks, Applicants submit that the Application is in condition for allowance, and favorable reconsideration is requested.

Respectfully submitted


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